

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
<b>CLAIMS</b>												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/											51
2	/											52
3		/										53
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45												95
46												96
47												97
48												98
49												99
50												100
TOTAL IND.		6										
TOTAL DEP.		54										
TOTAL CLAIMS		100										
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS												